



SPECIAL EVENT PERMIT APPLICATION

Today is _____
(Return This Completed Application Within 45 Days of Today's Date)

Park Site: _____ Facility Requested: _____
Event Name: _____
Event Location: _____ Event Date / Time(s): _____
Event Description: _____
Group or Association Sponsoring Event: _____
Contact Name: _____
Phone: (work) _____ (cell) _____
Fax: _____ Email: _____
Number of Expected Participants / Attendees: _____

PARKS DIVISION CONTACT: DIANNA BAIRD

PARKS PHONE: 530-886-4901

**PLEASE RETURN TO:
PLACER COUNTY FACILITY SERVICES
PARKS DIVISION
11476 C AVENUE, AUBURN, CA 95603**

**www.placer.ca.gov/parks
PHONE (530) 886-4901 – FAX (530) 889-6809**

Providing inaccurate information is cause for revocation of permit and will jeopardize future use permits.

EVENT CATEGORY (Check all that apply)

- ☐ Sports / Recreation ☐ Parade / March ☐ Fair / Festival ☐ Other: _____
☐ Concert / Performance ☐ Outdoor Market ☐ Nonprofit Organization ☐ Race / Walk

SPECIAL EVENT CHECKLIST

Further details for these categories are described in the following pages. Use additional paper if necessary to the following queries:

	Yes	No	Quantity	Notes/Criteria	Parks Use Only
Event open to general public?					
Site Plan & Route Map				Please provide.	
Traffic lanes/streets/sidewalks impacted?				Describe traffic plan.	
Security Information Private security used?				Required, if attendance projection is >200. List details.	
Marketing / Advertising				If yes, provide description.	
Is signage proposed?				If yes, show proposed locations & list details.	
Entertainment and Related Activities				If yes, list details.	
Sale of Goods?				State if anything will be sold and if so, will it be for profit?	
Featuring Tents / Pop-ups?				State number, size and material on Site Plan	
Contact with the City of Auburn (530) 823-4211 ext. 114 (Library Garden Theater Only)				An Outside Festival Permit from the City of Auburn is required for events held at the Library Garden Theater.	
Stage(s)				State how many and show location on the Site Plan.	
	Yes	No	Quantity	Notes/Criteria	
Will alcohol be present?				If yes, provide alcohol coverage on insurance.	
Will alcohol be sold?				If yes, provide evidence of Liquor License.	
Amusement Inflatables				Show locations and number on the Site Plan. Inflatables are not permitted on grass areas. Insurance naming "Placer County" as additional insured from provider is required.	
Food Concession or Preparation?				List details.	
Restrooms				If projected attendance is over 200, additional facilities are	

				required. List details.	
Waste Management				Event generated refuse shall be removed from site by applicant or contracted company. List details.	
Certificate of Insurance				\$1,000,000 naming "Placer County" as Additional Insured; Required for all events.	
Insurance Endorsement				Naming "Placer County" as Additional Insured; Required for all events.	
Hold Harmless and Indemnification Form				Applicant signature required.	
Applicant Signature				Applicant signature required.	
Use of County Electricity				Coordinate with parks staff.	
Use of County Water				Coordinate with parks staff.	
Will any type of animals be included in your event?				Note that petting zoos or commercial horse rides are not permitted.	
Generator				Please list the rated brake-horsepower of the generator(s) used. Additional conditions apply to generators rated 50 horsepower and greater.	
Other					

Parks Supervisor Signature Date

SITE PLAN & ROUTE MAP

Your event site plan/route map should be submitted and include but not be limited to:

- ☐ An overview of the event venue including the names of all streets and moving route of any kind. Indicate the direction of travel and all street or lane closures.
- ☐ The provisions for a minimum of twenty-feet (20') emergency access lanes throughout the event venue.
- ☐ The location and description of all stages, bleachers, grandstands, canopies, tents (including the height and square footage of tents), portable toilets, booths, cooking areas, trash containers, and dumpsters, and other temporary structures.
- ☐ Location of generator(s) and/ or source of electricity including the capacity of electricity needed.
- ☐ Identification of all handicapped accessible areas that meet standards.
- ☐ Traffic Control Plan (TCP)
 - For each sign include the sign size, sign description and its location on the TCP.
 - Show location and number of all channelizing devices, barricades, cones, fencing, warning lights, portable barriers, etc. on the TCP.
- ☐ Pedestrian Safety
 - Be sure pedestrians have a safe route to walk and/or are protected throughout the entire traffic control area before submittal of the TCP for review.
 - Show all pedestrian entry, paths and exits on the TCP.
 - Clearly state the location of all signs and other traffic control devices, including fences and barricades, within the pedestrian's safe route to walk, on the TCP.
- ☐ Parking Plan
Parking must be carefully planned for large events.
 - Show all proposed parking areas and indicate the number of parking stalls that are estimated to be needed.
 - Indicate plans to use parking attendants, including volunteers, Sheriff's Department Reserves, and any others.
- ☐ Other event components not listed above.
 - This checklist may be expanded or modified by the County or other appropriate agencies upon review of the Special Event Permit.
 - Should County staff at the event, find potential hazards towards traffic and/or pedestrian safety, they can require the applicant to modify the TCP.

SECURITY INFORMATION

If your projected attendance is over 200, have you made arrangements for security?

☐ Yes ☐ No

If no, please state why security will not be arranged. _____

Use additional sheet if necessary

If yes, what form of security will you be using (Please check all that apply):

☐ Placer County Sheriff Department – Contact name & phone: _____

☐ Licensed professional security company – Contact name & phone: _____

☐ Auburn City Police Department – Contact name & phone: _____

☐ Other (provide contact information): _____

Use additional sheet if necessary

If using a licensed security company, please complete the following:

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Evening: _____

Fax: _____ Pager / Cell: _____

Email: _____

Private Patrol Operators License Number: _____

License to carry firearms: ☐ Yes ☐ No

MARKETING / ADVERTISING

Will this event be advertised or promoted? ☐ Yes ☐ No

If Yes, please explain _____

Will there be media coverage at the event? ☐ Yes ☐ No

If Yes, please explain _____

Will signs or banners be utilized as a source of advertisement? ☐ Yes ☐ No

If Yes, please describe content _____

ENTERTAINMENT AND RELATED ACTIVITIES

Are there any entertainment features related to your event? ☐ Yes ☐ No

If yes, complete the following:

☐ Number of stages: _____

☐ Number of Performers: _____

☐ Performer name(s) and type(s): _____

Will amplification be used? ☐ Yes ☐ No

If yes, Start time: _____ Finish time: _____

Please describe the sound equipment that will be used for the event: _____

Will generators be used? ☐ Yes ☐ No

If yes, what type: _____ How Many? _____

List the rated brake-horsepower: _____

ALCOHOL

Does your event involve the use of alcoholic beverages? ☐ Yes ☐ No

If yes, insurance shall include alcohol liability coverage for this event.

Please, check all that apply:

☐ Free / host alcohol

☐ Beer

☐ Alcohol sales

☐ Beer and wine

☐ Host and sale alcohol

☐ Beer, wine and distilled alcohol

If you are selling alcohol, an ABC license is required. Contact the CA State Dept. of Alcoholic Beverage Control to obtain further instructions.

Will you be hiring a licensed bartender / caterer to serve the alcoholic beverages?

☐ Yes ☐ No

If yes, please provide the following:

Name of Licensed bartender / Caterer: _____

ABC License Number: _____ Email: _____

Telephone Number: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

FOOD CONCESSION OR PREPARATION

Will your event include food concessions, booths, and/or preparation areas?

☐ Yes ☐ No

If yes, please describe how the food will be served and / or prepared:

Will there be food vendor(s) in your event? ☐ Yes ☐ No

If yes, how many: _____

RESTROOMS

Are you planning to provide rest rooms at the event? If projected attendance is over 200, additional facilities are required.

Is your projected attendance over 200? ☐ Yes ☐ No

If yes, please identify the following:

☐ Total number of portable toilets: _____

☐ Total number of ADA accessible rest rooms: _____ (10% minimum)

Setup Date: _____ Time: _____

Pickup Date: _____ Time: _____

Portable Toilet Company Name & Phone Number: _____

WASTE MANAGEMENT

Event generated refuse shall be removed from site by applicant or contracted company. Dumpsters shall be required for large event-generated refuse. Contact Auburn Recology at 530-885-3735, Roseville City 916-774-5780, Lincoln 916-645-8576 or Tahoe Truckee Sierra Disposal (530) 583-0148 for arrangements.

Will there be additional dumpsters provided? ☐ Yes ☐ No (provide explanation)

If yes, please identify the following:

☐ Total number of dumpsters / size: _____

Delivery Date: _____ Time: _____

Pickup Date: _____ Time: _____

Please explain your plan for clean-up and waste removal during and after the event:

PLACER COUNTY

SPECIAL EVENT INSURANCE REQUIREMENTS

You are required to provide a \$1,000,000 Liability Insurance Policy naming Placer County as Additionally Insured.

Your personal Homeowner's Insurance may offer coverage. It is your responsibility to contact them with the following requirements:

Certificate of Insurance shall be a minimum of \$1,000,000 liability coverage.

- Certificate Holder shall be:
Placer County
145 Fulweiler Avenue, Ste. 100
Auburn, CA 95603
Additional Insured Endorsement naming Placer County as additional insured.
Please include the location and date of event on the certificate.

An Additional Insured Endorsement is generally a separate page attached to the certificate that states, "This endorsement changes the policy." Your insurance carrier may charge an additional fee for the Additional Insured Endorsement. The Additional Insured Endorsement should include the following language:

"The County of Placer, its officers, agents, and employees, is named as additional insured for all liability arising out of the operations by or on behalf of the named insured in the performance of this Agreement."

Please be advised that the insurance provided is primary coverage of the County of Placer with respect to any insurance or self-insurance programs maintained by the County, and no insurance held or owned by the County shall be called upon to contribute to a loss.

To purchase insurance contact Placer County Risk Management at (530) 886-2600. If your event is cancelled, insurance purchased through Placer County Risk Management can be fully refunded up until the day prior to the scheduled event by contacting Placer County Risk Management directly at the number above. Facility Services cannot issue a refund for insurance purchased through Risk Management.

**PLEASE INCLUDE THE LOCATION AND DATE OF EVENT
ON THE CERTIFICATE**

Please be advised that your reservation will not be confirmed until evidence of acceptable coverage is provided.

**SAMPLE INSURANCE CERTIFICATE
SAMPLE INSURANCE ENDORSEMENT
SAMPLE HOMEOWNERS COMBINED INSURANCE**

HOLD HARMLESS AND INSURANCE AGREEMENT

USER Agrees to save harmless and to indemnify PLACER COUNTY from every claim or demand which may be made for any injury, death or damage to property caused by USER during the term of this Agreement. Such duty shall be irrespective of the date upon which the claim or demand is asserted.

If any judgment is rendered against PLACER COUNTY for any injury, death or damage caused by USER during the term of this Agreement, USER shall, at his own expense, satisfy and discharge any judgment.

Neither of the foregoing paragraphs shall be applicable if the injury, death or damage is caused solely by PLACER COUNTY'S Negligence.

USER agrees that it shall immediately notify PLACER COUNTY and USER'S insurance carrier of any incident occurring during the term of the Agreement which may result in a claim of liability.

As used above, the term "PLACER COUNTY" means PLACER COUNTY, its officers, agents, employees, or volunteers.

Applicant Signature

Date of Event

Applicant Name – Please print

Park

Event Name: _____

Event Date(s): _____

Event Name: _____
 Park or Event Site: _____
 Event Date(s): _____
 Name of Applicant: _____

COUNTY REVIEW & APPROVAL

The various County Department Agencies will sign-off that their department has been made aware of the request for a Special Event Application, and that the responsibilities of their department have been met. If a department has any questions and/or the responsibilities have not been met, it could delay the processing of this Application. The departments may suggest or require various steps or conditions concerning but not limited to traffic and parking enforcement, litter control, insurance requirements, and scheduling to avoid conflict with other activities. Only after each department has signed-off will this application process be considered complete.

(FOR OFFICE USE ONLY)

Suggestions or requirements, if any, must be attached to the Permit. The Permit will not be approved without resolution of any requirements noted.

APPROVAL (REQUIRED) FAX TO: 530-889-6809	Yes	*No	*Please provide reason, use additional sheet if necessary.
Sheriff's Office Attn: Admin Sergeant PO Box 6990 2929 Richardson Dr., Auburn 95603 Phone: 530-889-7858			Signature _____ Printed: _____ Phone _____ Email _____
Fire Department South Placer: 916-791-7059 Loomis: 916-652-6813 Foresthill: 530-367-2465			Signature _____ Printed: _____ Phone _____ Email _____
Environmental Health Attn: Rudy Aguilar 3091 County Center Dr., Ste. 180, Auburn 95603 Phone: 530-745-2300			Signature _____ Printed: _____ Phone _____ Email _____
Dept. of Public Works Attn: CDRC Front Counter 3091 County Center Dr., Ste. 220 Auburn 95603 Phone: 530-745-7500			Signature _____ Printed: _____ Phone _____ Email _____
California Highway Patrol (Call for address) Auburn: 916-663-3344 Gold Run: 530-389-2205			Signature _____ Printed: _____ Phone _____ Email _____
Building Department 3091 County Center Drive Auburn 95603 Phone: 530-745-3197			Signature _____ Printed: _____ Phone _____ Email _____

APPLICANT SIGNATURE

I, on behalf of the organization I represent, certify that all foregoing pages in this Special Event Application have been completed. I attest that the information contained herein is accurate, to the best of my knowledge and belief. I attest that I have read all the rules, regulations and guidelines specified herein and that which is included in this Special Event Application.

I, acting on behalf of the organization I represent, am authorized to commit that organization to agree to abide by the rules, regulations and guidelines specified herein, and that I will accept all responsibilities for any damage to County Property and/or facilities, any payments for County services and/or resources as they have been outlined and as they may be utilized by me and the organization whom I am representing and the patrons who will be served by this Special Event.

I understand that I am required to provide any updated information such as expected number of participants or additional activities at the special event to receive the County's approval of the proposed changes to the event before proceeding.

Name of Applicant: _____
Please Print

Signature: _____ Date: _____

Please complete, sign and submit this Special Event Permit Application to:

**Placer County Facility Services Parks Division
11476 C Avenue
Auburn, CA 95603
530-886-4901**